

- j. Communicate eligibility policy changes that affect the transmission of data from the CARES system to the Medicaid fiscal agent for incorporation into the MMIS and work with the Medicaid fiscal agent to develop, validate and approve these systems changes.
 - k. Complete a feasibility study for the creation of a separate CARES Medicaid Eligibility Customer Area or other alternatives for on-going CARES modifications to implement Medicaid eligibility policy and procedural changes. The initial study will be completed by October 15, 1997.
- 9. Create, revise and finalize all local economic support agency and applicant/recipient forms or informational materials that relate to Medicaid eligibility policy and process. These materials will be developed and revised in close consultation and coordination with DES. DES will remain responsible for the printing and distribution of these materials.
 - 10. Maintain and modify the SSI/Medicaid System based upon Medicaid eligibility law, regulation, and policy.
 - 11. Prepare communication describing Medicaid eligibility policy and coordinate the procedure for local economic support agencies and W-2 agency staff with DES. Communications will be distributed by DES. Communication formats include:
 - a. CARES data exchange broadcast messages which are loaded into CARES and shown to all users when they sign-in.
 - b. Operations Memoranda, DOH Administrator's Memoranda, the Medicaid Handbook, Chapter V of the Income Maintenance Manual, sections of the CARES Guide that are applicable to Medicaid eligibility policies and procedures, as well as all other material to be distributed to local agency staff responsible for determining Medicaid eligibility or related processes.
 - 12. Support DES as it pursues adequate funding for the CARES system development and operation to ensure, within reasonable limits, the automated implementation of federal and state law and directives.

The DES is the governmental organization within the DWD responsible for certain aspects of implementing (as defined in this MOU) Medicaid eligibility changes in consultation with DHFS. To fulfill its responsibilities, DES will:
 - 13. Recommend appropriate federal waivers to DOH to implement Medicaid eligibility policies.
 - 14. Recommend to DOH, as necessary, Medicaid State Plan amendments and administrative rules to implement Medicaid eligibility policies.

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15. In consultation with DOH, interpret and respond to eligibility policy questions from local economic support and W-2 agencies administering Medicaid. Respond to Medicaid eligibility policy and procedure questions from applicants/recipients, or their representatives, particularly those that relate to multiple economic support program issues.
16. Consult with DOH, as necessary, to coordinate modifications to the CARES system that relate to W-2, Child Care, food stamps or which interact across programs to ensure that Medicaid eligibility policy or procedure is kept intact and correct. This may include testing through the MMIS Interface.
17. Assure that available resources for CARES systems changes are allocated in a manner that fosters timely compliance with federal and state law.
18. Provide Medicaid eligibility policy and MMIS training to local economic support agencies and W-2 agencies using content provided by DOH. Training implementation will be based upon a training plan approved by DOH and DES.
19. Distribute Medicaid eligibility policy to local economic support and W-2 agencies through Administrator's Memoranda, Operations Memoranda, electronic mail, handbook and manuals. Distribution will recognize DOH priorities to the extent that resources are available.
20. With review and concurrence of DOH, develop and administer financial policies including issuance and administration of contracts with local agencies to locally administer the Medicaid eligibility application and eligibility policies. DES, in consultation with DOH, will:
 - a. Negotiate with local economic support agencies, including county departments of human or social services, W-2 agencies, and any other agencies involved in the Medicaid eligibility determination process.
 - b. Draft contract language in conjunction with other state parties to the agreement, including the setting of performance standards.
 - c. Monitor contract terms to ensure compliance with performance standards and other contract terms and conditions.
 - d. Negotiate with other vendors who provide services or goods directly associated with Medicaid eligibility, for instance, the contract with the CARES maintenance vendor.
21. Assure Medicaid Eligibility Quality Control activities as required by federal law and develop Medicaid policy corrective actions, if needed, in coordination with DHFS.
22. In consultation with DOH, provide for the exchange of data, as necessary, for the administration, evaluation and analysis of economic support programs.

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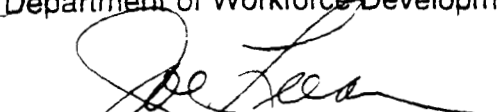
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23. Develop, propose, or implement cost allocation formulas or interagency transfers, as needed, to support administrative costs, subject to the prior review and concurrence of DOH.
24. Pursue adequate funding for the CARES system development and operation to ensure, within reasonable limits, the automated implementation of federal and state law and directives.
25. Create, revise and finalize all local economic support agency and applicant/recipient forms or informational materials that relate to multiple economic support programs, including Medicaid eligibility policy and process. These materials will be developed and revised in close consultation and coordination with DOH DES will remain responsible for printing and distributing Medicaid forms and informational material.

	-	6-24-97
Division of Economic Support Administrator	-	Date
	-	6-24-97
Division of Health Administrator	-	Date
	-	6-26-97
Department of Workforce Development Secretary	-	Date
	-	7-3-97
Department of Health and Family Services Secretary	-	Date

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COOPERATIVE AGREEMENT
DIVISION OF ECONOMIC ASSISTANCE
DIVISION OF HEALTH
DEPARTMENT OF HEALTH & SOCIAL SERVICES

Attachment 4.16 B Page F-1
Effective 4-1-82

82-102

I. PURPOSE

This agreement is entered into between the State Title IV-D Agency and the State Title XIX Agency for the purpose of establishing and enforcing medical support liabilities of absent parents for their children who are eligible for Medicaid coverage.

This cooperative agreement provides a working arrangement and plan for cooperation between the Division of Economic Assistance (DEA) and the Division of Health (DOH) and establishes both individual and joint responsibilities relative to the implementation of a program to create and enforce medical liabilities of absent parents of certain minor applicants and recipients of Medicaid (Title XIX) in Wisconsin. The primary objective of the program outlined herein shall be to obtain Medicaid benefit cost savings through utilization of group health insurance benefits available through the employment of absent parents. The authority for this agreement is derived from 42 CFR, Part 433 and 45 CFR, Parts 302 and 306.

II. GLOSSARY OF TERMS

1. Medical Support Liability Program means the program designed to create and enforce medical liabilities of absent parents of certain minor applicants and recipients of Medicaid (Title XIX) in Wisconsin.

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2. State Title XIX (Medicaid) Agency means the Department of Health and Social Services, Division of Health, Bureau of Health Care Financing, as described in Attachment 1.2A of the Title XIX State Plan.
3. State Title IV-D (Child Support) Agency means the Department of Health and Social Services, Division of Economic Assistance, as described in Attachment 1.2A of the Title IV-D State Plan.
4. Bureau of Child Support means the unit within the Division of Economic Assistance assigned responsibility for approving annual Medical Support Liability Program administrative costs; approving and making payment of actual administrative cost claims; receiving all medical support collections; and distributing the collections, including calculation and payment of incentives.
5. Third Party Liability Unit means the unit within the Division of Health, Bureau of Health Care Financing assigned responsibility for implementation of the Medical Support Liability Program.
6. County Department of Social Services or Human Services means the local agency created by Wisconsin Statute which is responsible for administration of the Title IV-A and Title XIX Program through contract with the State Department of Health and Social Services.

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7. Tribal Income Maintenance Agency means the agency established by any federally recognized tribal governing body authorized by Wisconsin Statute to receive state funds for administration of the Title IV-A and Title XIX Program through contract with the State Department of Health and Social Services.
8. County Child Support Agency means the local agency created by county board resolution which is responsible for administration of the Title IV-D Program through contract with the State Title IV-D Agency.
9. Local Units of Government means counties defined under Chapter 59, Wisconsin Statutes and federally recognized elected tribal governing bodies.

III. RESPONSIBILITIES OF THE STATE TITLE XIX (MEDICAID) AGENCY

A. The Division of Health shall:

1. Provide full reimbursement from Medicaid (Title XIX) funds to the Division of Economic Assistance for administrative costs incurred at the County, and tribal level including staff equivalencies, equipment, and other related costs for implementing a Medical Support Liability Program. If in any fiscal year it appears costs could exceed the available state funds available, DOH will inform DEA or its successor BEA to notify the local agencies to reduce or temporarily curtail their activities.

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2. Amend the State Medicaid Plan to reflect implementation of the Medical Support Liability Program.
3. Design with the DEA an administrative reimbursement system that meets DOH needs and is compatible with local agency reporting formats.

B. The Third Party Liability Unit shall:

1. Identify data required and manage available health insurance benefits. Data shall include case number, unit surname, names and birthdates of Medicaid eligible children, and absent parent's name. Additional or changed data may be required via modifications to this agreement.
2. Prepare and maintain records to measure effective operation and management of the Medical Support Liability Program.
3. Monitor compliance of absent parents to provide insurance coverage and refer non-compliance information to the Bureau of Child Support.
4. Assure the utilization of health insurance benefits which are made available as a result of program operations.

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IV. RESPONSIBILITIES OF THE STATE IV-D (CHILD SUPPORT) AGENCY

A. The Division of Economic Assistance shall:

1. Modify existing contracts with local units of government to provide for program operations, including requirements for maintenance of effort.
2. Monitor and insure compliance by County Child Support Agencies, County Departments of Social Services or Human Services and Tribal Income Maintenance Agencies with the requirements of the Medical Support Liability Program.
3. Amend the State Plan for Title IV-D to reflect the requirements of the program, as stated in applicable federal regulations.
4. Revise the Child Support Enforcement and Income Maintenance Manuals as required for operation of the program, including specific instructions to assure maintenance of effort.
5. Determine any workload increase in County Departments of Social Services or Human Services and Tribal Income Maintenance Agencies which arise as a result of the Medical Support Liability Program

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6. Design with DOH an administration reimbursement system that meets DOH needs and is compatible with local agency reporting formats.
7. Notify local agencies to reduce or cease MSL tasks if DOH so instructs DEA.

B. The Bureau of Child Support shall;

1. Calculate the annual Medical Support Liability Program administrative budget available to County Child Support Agencies.
2. Approve all actual claims for administrative reimbursement by County Child Support Agencies for the Medical Support Liability Program, and forward these claims to the State Medicaid Agency for payment.
3. Receive all medical cost collections from County Child Support Agencies.
4. Distribute the collections as required by 42 CFR 443.154 including calculation and payment of the incentives provided for by 42 CFR 433.153.

C. The County Department of Social Services or Human Services and Tribal Income Maintenance Agencies shall:

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1. Identify Medicaid (Title XIX) cases in which a parent resides outside the family home and refer such cases to the County Child Support Agency.
2. Provide data input to the Recipient Eligibility Subsystem of Medicaid.

D. The County Child Support Agency shall:

1. Receive referrals from County Departments of Social Services or Human Services and Tribal Income Maintenance Agencies for any child of a parent not residing with the child or for any child, born or unborn.
2. Insure establishment of paternity unless a finding of "Good Cause" has been made by the County Department of Social Services or Human Services and Tribal Income Maintenance Agencies in conjunction with provisions contained in the Income Maintenance Manual, and the Child Support Enforcement Manual.
3. Verify whether the absent parent has a group health insurance policy or plan that covers the child(ren), and obtain and report the necessary group health insurance information as outlined in the Child Support Enforcement Manual or other operational directives.

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